



# Data Points

RESULTS FROM THE 2008 CALIFORNIA WOMEN'S HEALTH SURVEY

Oral health is integral to general health and well-being.<sup>1</sup> Oral infections can have profound effects on overall physical health and have been associated with cardiovascular disease, adverse pregnancy outcomes, diabetes, pulmonary disease, and stroke.<sup>1</sup> Additionally, neglecting one's oral health can result in poor diet and nutrition, lack of sleep, low self-esteem, poor social interactions, or loss of work.<sup>1,2</sup> Oral examinations and dental cleanings offer opportunities for risk screenings, health education, and effective interventions as part of routine oral health care.

Oral diseases such as periodontal disease and dental caries are largely preventable.<sup>3</sup> However, among women of reproductive age, these oral diseases are highly prevalent, especially among low-income and certain racial and ethnic minority groups.<sup>3</sup> Although still under investigation, some studies have reported associations between maternal periodontal disease and an increased risk of preterm birth, low birth weight, and gestational diabetes.<sup>4</sup> Early detection of oral disease helps women begin pregnancy in optimal health.

This data point examines routine dental care within the past year among California women of reproductive age (18-44) in 2008. In the 2008 California Women's Health Survey, women were asked: (1) *about how long it had been since they last visited a dentist for a routine dental checkup, cleaning, or examination*; and (2) the main reason for not receiving this type of care. The survey data were weighted by age and race/ethnicity to reflect the 2000 California adult female population. The

findings were based on 1,914 women who answered the routine care question and the subset of 573 women who had not visited a dentist for a checkup in the past year, all of whom provided the main reason they did not receive routine dental care.

- Almost one-third of women (30.2 percent) did not receive routine dental care in the past year.
- The prevalence of not receiving routine dental care was highest among women who had no health insurance (51.6 percent), did not graduate from high school or obtain a General Education Development (GED) test (45.4 percent), reported income below the federal poverty level (FPL; 42.1 percent), and/or were Hispanic and born outside the United States (43.2 percent) than the prevalence in the other groups ( $P < .0001$ ; see Figure 1).
- Almost half (46.5 percent) of the women who reported poor general health did not receive routine dental care versus 29.8 percent among women who reported fair to excellent health ( $P < .05$ ).
- Women who smoke are at increased risk for oral cancer and periodontal disease, yet 40.9 percent of current smokers did not receive routine dental care compared with 28.7 percent of non-smokers ( $P < .01$ ).
- More than half (52.7 percent) of the women who did not receive routine dental care stated that cost or lack of dental insurance was the main reason.

## Women of Reproductive Age Who Did Not Receive Routine Dental Care, 2008

California Department of Public Health  
Maternal, Child and Adolescent Health Program

### Public Health Message:

*Regular use of the oral health care delivery system provides opportunities for early detection of oral disease and clinical preventive and treatment services, which are integral to general health and well-being. However, in 2008, 30.2 percent of California women of reproductive age did not receive routine dental care during the previous year. More than half of those women reported that cost or lack of health insurance coverage was the main reason they did not receive dental care.*

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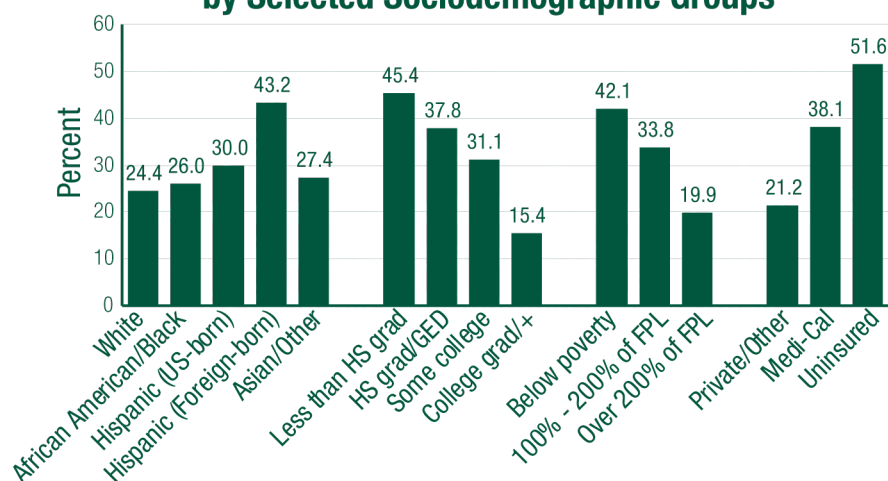
## Women of Reproductive Age Who Did Not Receive Routine Dental Care, 2008

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- More than 50 percent of California births are to Hispanic women, thus the health status of Hispanics is of particular interest. Among Hispanic women who did not receive routine dental care in the past year, 65.2 percent of those born outside the United States reported that cost or lack of dental insurance was the main reason versus 42.9 percent of those born in the United States ( $P < .01$ ).
- Among women who did not get a routine dental check-up because of cost or lack of insurance, 44.8 percent reported they had Medicaid health insurance (Medi-Cal), which included a range of dental services through the Medicaid Dental Program known as Denti-Cal.

Figure 1

### Percent of Women Ages 18 to 44 Who Did Not Receive Routine Dental Care In the Last 12 Months by Selected Sociodemographic Groups



GED – General Education Development; HS – High School; FPL – Federal Poverty Level

Note: All differences were statistically significant ( $P < .0001$ ).

Source: California Women's Health Survey, 2008

- 1 U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.
- 2 Ramos-Gomez F. Oral health disparities among Latinos in California: Implications for a binational agenda. California Program on Access to Care Findings; 2008. [http://cpac.berkeley.edu/documents/ramos\\_gomez\\_findings.pdf](http://cpac.berkeley.edu/documents/ramos_gomez_findings.pdf). Published June 2008. Accessed November 14, 2008.

*Women of Reproductive  
Age Who Did Not  
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- 3 Boggess KA, Edelstein BL. Oral health in women during preconception and pregnancy: Implications for birth outcomes and infant oral health. *Matern Child Health J.* 2006;10(5 Suppl):S169-174.
- 4 National Maternal and Child Oral Health Resource Center. *Access to Oral Health Care during the Perinatal Period: A Policy Brief.* Washington, DC: Georgetown University; 2008.

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